

FY2015 John R. Justice Renewal Application

Application deadline: October 30, 2015

Award notification: Conditional award designations will be made in December 2015.

Mail materials to: Iowa College Student Aid Commission
430 East Grand Avenue; Floor 3
Des Moines, IA 50309-1920
Or fax application materials to 515-725-3401 Attn: Program Administration

Required Application Materials:

- Completed and signed renewal application form (this form);
- Completed and signed Appendix D.

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PART A – APPLICANT INFORMATION

First Name: _____ MI: _____ Last Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

Email: _____ Phone: _____

PART B– EMPLOYMENT INFORMATION

Please check one:

- ☐ I am an eligible prosecutor in Iowa
- ☐ I am an eligible state or local public defender in Iowa
- ☐ I am an eligible federal public defender in Iowa

Employer Name: _____

City: _____ State: _____ Zip: _____ County: _____

Office email: _____ Office phone: _____

Are you employed full-time (at least 30 hours a week)? _____

Supervisor Name: _____

Supervisor E-mail: _____ Supervisor Phone: _____

PART C – LENDER INFORMATION

Please provide the name and address for the lender that you would like to receive your payment. If you have multiple lenders, only indicate the name of the lender to whom you want the payment sent.

Lender Name: _____

Payment Mailing Address: _____

City: _____ State: _____ Zip: _____

PART C – AUTHORIZATION AND RELEASE

By completing and submitting this application, I authorize the release of information pertinent to my eligibility for this program to and from the following entities: my employer, the holder of my educational loans, Iowa Workforce Development wage records system, and Iowa College Student Aid Commission. This information may be used to verify information provided on the John R. Justice Grant Program Application and to determine program eligibility.

I have read and understand the information in the Authorization and Release and, by submitting this Application, agree to the terms of the Authorization and Release.

Applicant Signature:

Appendix D

John R. Justice Student Loan Repayment Program (JRJSLRP) Service Agreement Acknowledgment of Benefit

I, _____, hereby acknowledge the following:
{NAME}

1. I have personally executed a JRJSLRP Service Agreement and the term of obligated public service thereunder (as designated in said Service Agreement) has not yet expired as of the date of execution hereunder.
2. Additional JRJSLRP benefit payments have been made on my behalf during the fiscal year in which this document is executed.
3. I remain bound by the terms of my JRJSLRP Service Agreement.
4. At the expiration of my term of obligated public service (as designated in the JRJSLRP Service Agreement to which I am currently subject), I may enter into a separate agreement that will govern the terms and conditions of the receipt of any additional JRJSLRP benefits received on my behalf outside the terms and conditions of the JRJSLRP Service Agreement to which I am now subject.

The Bureau of Justice Assistance does not provide legal advice on possible tax obligations resulting from receipt of JRJ benefits. The following is provided for informational purposes only. Beneficiaries of JRJ Student Loan Repayment Program benefits remain personally responsible for, and should consult with their tax advisors for advice on, any tax obligations resulting from benefits paid on their behalf.

As a courtesy to JRJ beneficiaries and state administering agencies, BJA has requested information from the Internal Revenue Service (IRS) that may be helpful to beneficiaries and JRJ state administering agencies (SAAs) in determining tax consequences of JRJ benefits. The IRS provided a response to that request and a copy of both the inquiry and response are available on our web site at: www.bja.gov/ProgramDetails.aspx?Program_ID=65.

Signature

Date